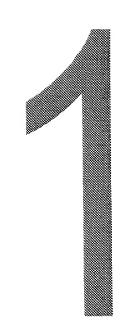
UNITED STATES PATENT AND TRADEMARK OFFICE DOCUMENT CLASSIFICATION BARCODE SHEET



Transmittal



Level - 2 Version 1.1

BOX PATENT APPLICATION ASSISTANT COMMISSIONER FOR PATENTS WASHINGTON, DC 20231

Express Mail No.: EL674750422US Attorney Docket No.: 0492611-0375 Date Filed: March 23, 2001

UTILITY PATENT APPLICATION TRANSMITTAL

(FOR NEW NONPROVISIONAL APPLICATIONS UNDER 37 C.F.R. § 1.53(B))

Dear Sir:

Please find enclosed a patent application and papers as follows for:

Inventor(s):

Given Name (first and middle)	Family Name or Surname	Residence (City and State or Foreign Country)			
Roger D.	Kamm	Weston, MA, US			
Jonathan P.	Gertler	Weston, MA, US			

Title of the Invention: METHOD AND APPARATUS FOR STIMULATING ANGIOGENESIS AND WOUND HEALING BY USE OF EXTERNAL COMPRESSION

A) APPLICATION ELEMENTS:

- 1) X Fee Transmittal Form (original and duplicate submitted for fee processing)
- 2) X Applicant Claims Small Entity Status (see 37 CFR 1.27)
 - a) X Statement Verifying Small Entity Status (optional)

EXPRESS MAIL NO: EL674750422US DATE FILED: MARCH 23, 2001

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3237040 1.DOC

-Descriptive Title of the Invention -Cross References to Related Applications -Statement Regarding Federally Sponsored -Reference to sequence listing, a table, or a -Background of the Invention -Summary of the Invention -Description of the Drawing (if filed) -Detailed Description of the Invention -Claim(s) -Abstract of the Invention	R & D (if applicable)
4) X Drawing(s) (35 U.S.C. § 113)	TOTAL SHEETS: <u>8</u>
a) Formal Drawings (if checked)	
5) X Oath or Declaration	TOTAL PAGES: 3
a) Newly Executed (original or copy	y)
b) Copy from a prior application (37 continuation/divisional application)	
i) <u>DELETION OF INVENTOR(S)</u> : Sign in the prior application, see 37 C.I	ed Statement deleting inventor(s) named F.R §§ 1.63(d)(2) and 1.33(b).
c) X Unexecuted	
6) Application Data Sheet. See 37 CFR 1.7	6.
7) CD-ROM or CD-R in duplicate, large (Appendix)	table or Computer Program
8) Nucleotide and/or Amino Acid Sequen necessary)	ce Submission (if applicable, all are
a) Computer Readable Form (CRF)	
b) Specification Sequence Listing on:	
i) CD-ROM or CR-R (2 copie	es); or
ii) Paper	
c) Statements verifying identity of abo	ove copies
M. v. No. EL 67475042011C	

Express Mail No.: EL674750422US date Filed: March 23, 2001

9) X Assignment Papers (cover sheet & document(s))							
10) X 37 C.F.R. § 3.73(b) Statement (when there is an assignee)							
11) X Power of Attorney							
12) English Translation Document (if applicable)							
13) Information Disclosure Statement (IDS)/PTO-1449							
14) Copies of IDS Citations							
15) Preliminary Amendment							
16) X Return Receipt Postcard (MPEP 503) (specifically itemized)							
17) Certified Copy of Priority Document(s) (if foreign priority is claimed)							
18) OTHER: (if applicable, specified below)							
C) <u>FOR CONTINUING APPLICATIONS</u> : (the appropriate box is checked, and certain information is provided below and in a preliminary amendment)							
CONTINUATION DIVISIONAL CONTINUATION-IN-PART (CIP)							
OF PRIOR APPLICATION NO:							
FILED:							
EXAMINER:							
GROUP/ART UNIT:							
FOR CONTINUATION OR DIVISIONAL APPLICATIONS ONLY: The entire disclosure of the							

B) ACCOMPANYING APPLICATION PARTS:

EXPRESS MAIL NO.: EL674750422US DATE FILED: MARCH 23, 2001

prior application, from which an oath or declaration is supplied as detailed above, is considered a part of the disclosure of the accompanying continuation or divisional

application and is hereby incorporated by reference.

D)	METHOD OF	PAYMENT	OF FIL	ING FEES	FOR	THIS	APPLIC	CATION:

- X Applicant claims small entity status 37 CFR 1.27
- X A check is enclosed to cover the filing fees as determined on the fee transmittal enclosed herewith
- X The commissioner is hereby authorized to charge filing fees or credit any overpayment to deposit account number 03-1721.

Total filing fee amount \$1,248.00

E) CORRESPONDENCE ADDRESS:

Customer Bar Code Label:	
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X Correspondence Address:

C. Hunter Baker, M.D., Ph.D. Choate, Hall & Stewart 53 State Street Exchange Place Boston, MA 02109 phone: (617) 248-5000 fax: (617) 248-4000

Respectfully Submitted,

C. Hunter Baker, M.D., Ph.D.

Reg. No.: 46,533

CHOATE, HALL & STEWART 53 State Street Exchange Place Boston, MA 02109
Phone: (617) 248-5000

Phone: (617) 248-5000 Fax: (617) 248-4000

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT

(\$) 1,248.00

Complete if Known			
Application Number			
Filing Date	March 23, 2001		
First Named Inventor	Kamm et al.		
Examiner Name			
Group Art Unit			
Attorney Docket No.	0492611-0375		

METHOD OF PAYMENT	FEE CALCULATION (continued)					
1. X The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES					
indicated fees and credit any overpayments to. Deposit	Large Small					
Account Number 03-1721	Entity Entity Fee Fee Fee Fee Fee Description	Fee Paid				
Deposit	Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	ree raiu				
Account Name Choate, Hall & Stewart	105 130 205 65 Surcharge - late filing fee or oath					
X Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet					
X Applicant claims small entity status. See 37 CFR 1 27	139 130 139 130 Non-English specification					
2. X Payment Enclosed:	147 2,520 147 2,520 For filing a request for ex parte reexamination					
X Check Credit card Money Other	112 920* 112 920* Requesting publication of SIR prior to Examiner action					
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action					
1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month					
Large Entity Small Entity	116 390 216 195 Extension for reply within second month					
Fee Fee Fee Fee Description	117 890 217 445 Extension for reply within third month					
101 710 101 101 101 101	118 1,390 218 695 Extension for reply within fourth month					
101 710 201 355 Utility filling fee \$ 355 106 320 206 160 Design filling fee	128 1,890 228 945 Extension for reply within fifth month					
107 490 207 245 Plant filing fee	119 310 219 155 Notice of Appeal					
108 710 208 355 Reissue filing fee	120 310 220 155 Filing a brief in support of an appeal					
114 150 214 75 Provisional filing fee	121 270 221 135 Request for oral hearing					
_	138 1,510 138 1,510 Petition to institute a public use proceeding					
SUBTOTAL (1) (\$)355.00	140 110 240 55 Petition to revive - unavoidable					
2. EXTRA CLAIM FEES Fee from	141 1,240 241 620 Petition to revive - unintentional					
Extra Claims below Fee Paid	142 1,240 242 620 Utility issue fee (or reissue)					
Total Claims 82 -20** = 62 X 9.00 = 558.00	143 440 243 220 Design issue fee					
Claims 8 3 - 5 x 40.00 = 200.00	144 600 244 300 Plant issue fee					
Multiple Dependent 135.00 = 135.00	122 130 122 130 Petitions to the Commissioner					
Laura Fatitus a 11 m 111	123 50 123 50 Processing fee under 37 CFR 1.17(q)					
Large Entity Small Entity Fee Fee Fee Fee Fee Description	126 180 126 180 Submission of Information Disclosure Stmt					
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent assignment per property (times number of properties)					
102 80 202 40 Independent claims in excess of 3	146 710 246 355 Filing a submission after final rejection					
104 270 204 135 Multiple dependent claim, if not paid	(37 ČFR § 1.129(a))					
109 80 209 40 ** Reissue independent claims over original patent	149 710 249 355 For each additional invention to be examined (37 CFR § 1 129(b))					
110 18 210 9 ** Reissue claims in excess of 20	179 710 279 355 Request for Continued Examination (RCE)					
and over original patent	169 900 169 900 Request for expedited examination of a design application					
SUBTOTAL (2) (\$) 893.00	Other fee (specify)					
**or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0					

SUBMITTED BY Complete (if applicable)						
Name (Print/Type)	C. Hunter Baker, M.D., Ph.D.	Registration No. (Attorney/Agent)	46,533	Telephone	617-248-5215	
Signature	C. 74 M			Date	03/23/01	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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